



4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

New Alcohol License Application Packet

Packet Contains:

Instructions and Conditions for Applying
Alcohol License Application
Projected Gross Sales Form
Registered Agent Consent Form
Certified Report of Survey
Premise and Structure Certification
Affidavit Verifying Residency
Criminal History Consent Form
- Take this form **BLANK** to the Walton County Probate Court

You will need:

Driver's License (page 3)
State Alcoholic Beverage License (page 3)
Certificate of Incorporation (if applicable) (page 3)
Legal Alien Card (if applicable) (page 3)
Proof of Ownership or Lease of Building (page 3)
Description of Business Operations, Location and Facilities (page 3)
Manager's Photograph (Front View) Taken within the Last Year (page 12)
Certified Land Survey (page 16-17)

City of Loganville License Fee Schedule:

\$200.00 – Non-Refundable Application Fee (Separate Check Required)
\$500.00 – Malt Beverage (Beer)
\$500.00 – Wine
\$1,000.00 – Malt Beverage (Beer) **AND** Wine
\$3,500.00 – Distilled Spirits (Liquor)

Make Payable to the "City of Loganville"

Forms of Payment Accepted:

- Cash
- Checks
- Money Orders

Walton County Probate Court Criminal Background Check Fee

\$50.00

Make Payable to the "Walton County Probate Court"

Forms of Payment Accepted:

- Cash
- Money Orders

Please Note:

- 1.) Any outstanding utility and/or tax bill(s) must be paid in full to receive your Alcohol License.
- 2.) This application packet must be completed in full. Do not leave any area blank.
 - a.) If not applicable, please write N/A
- 3.) Once **ALL** items are received, including the criminal background check from the Walton County Probate Court, the application packet is given to the City Manager for review.

**INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
CITY OF LOGANVILLE, GEORGIA**

1. **APPLICATION COMPLETION:** EVERY QUESTION MUST BE FULLY AND CORRECTLY ANSWERED, TYPEWRITTEN OR LEGIBLY HAND PRINTED. DO NOT USE INITIALS. SPELL OUT ALL NAMES. FAILURE TO DO SO MAY RESULT IN THE DENIAL OR, IF GRANTED, THE LATER REVOCATION OF A LICENSE. IF THE SPACE PROVIDED IS NOT SUFFICIENT, ANSWER THE QUESTION ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED. THE CITY OF LOGANVILLE ALCOHOLIC BEVERAGE ORDINANCE IS AVAILABLE FOR REVIEW. A CHECK LIST FOR APPLICATION AND NECESSARY ATTACHED FORMS IS ALSO AVAILABLE.
2. **REQUIRED FEES:** THE REQUIRED ADMINISTRATION/INVESTIGATION FEE OF \$200.00 MUST BE SUBMITTED WHEN INITIAL APPLICATION IS MADE TO THE CITY OF LOGANVILLE. UPON APPROVAL OF THE APPLICATION, ALL ADDITIONAL FEES MUST BE TENDERED PRIOR TO ISSUANCE OF LICENSE. SEE FEE SCHEDULE FOR APPROPRIATE FEES. FEES MUST BE SUBMITTED IN THE FORM OF CHECK, CASH, OR MONEY ORDER. ADDITIONAL FEES WILL BE CHARGED THROUGHOUT THE YEAR FOR INVESTIGATIVE, TRANSFER IN OWNERSHIP, TRANSFER IN LOCATION, REGISTERED AGENT OR MANAGER CHANGE. SEE ORDINANCE FOR THE APPROPRIATE FEE ACCORDING TO THE CHANGE.
3. **LICENSE NON-TRANSFERABLE:** ANY CHANGE IN THE OWNERSHIP, MANAGEMENT, OR ANY OTHER STATUS OF THE LICENSED OPERATION THAT WOULD CHANGE ANY ANSWERS ON THE ORIGINAL APPLICATION MUST BE REPORTED IN WRITING TO THE CITY OF LOGANVILLE WITHIN THIRTY (30) DAYS FROM THE TIME OF SUCH CHANGE. FAILURE TO DO SO MAY RESULT IN THE REVOCATION OF THE LICENSE. HOWEVER, A CHANGE IN THE REGISTERED AGENT MUST BE MADE WITHIN FIVE (5) DAYS.
4. **DISTANCES:** THE APPLICANT SHALL BE RESPONSIBLE FOR DETERMINING THAT THE DISTANCE OF THE PROPOSED LICENSED LOCATION IS IN COMPLIANCE OR IS IN NON-COMPLIANCE WITH THE DISTANCE REQUIREMENTS TO THE CITY OF LOGANVILLE ALCOHOLIC BEVERAGES ORDINANCE. ATTACH PROVIDED FORM FOR CERTIFIED REPORT OF SURVEY FROM REGISTERED LAND SURVEYOR OR PROFESSIONAL ENGINEER A CURRENT CERTIFIED PLAT FROM A REGISTERED SURVEYOR MAY BE REQUIRED TO CONFIRM THE DISTANCE.
5. **ZONING:** NO LICENSE SHALL BE ISSUED EXCEPT IN THE ZONES AS DEFINED BY APPLICABLE LOCAL ZONING ORDINANCES. CONTACT THE CITY OF LOGANVILLE PLANNING AND DEVELOPMENT DEPARTMENT, 4385 PECAN STREET, LOGANVILLE, GA 30052 OR (770) 466-2633 FOR ZONING QUESTIONS.
6. **FACILITY:** THE APPLICANT SHALL BE RESPONSIBLE FOR FILING PLANS FOR REVIEW WITH THE PLANNING AND DEVELOPMENT DEPARTMENT AND OBTAINING REQUIRED BUILDING INSPECTIONS. CONTACT THE PLANNING AND DEVELOPMENT DEPARTMENT, 4385 PECAN STREET, LOGANVILLE, GA 30052 OR (770) 466-2633 FOR OCCUPANCY REQUIREMENTS OR OTHER INSPECTIONS QUESTIONS.
7. **CORPORATIONS:** ALL CORPORATE APPLICANTS, WITHOUT REGARD TO THE NUMBER OF STOCKHOLDERS, SHALL LIST THE NAMES AND ADDRESSES OF THE OFFICERS OF THE CORPORATION. IN ADDITION, THEY SHALL NAME A MANAGER WHOSE NAME SHALL APPEAR ON THE LICENSE ISSUED TO THE CORPORATION. THE CORPORATION SHALL PROVIDE THE NAME AND ADDRESS OF THE MANAGER WHO SHALL BE THE INDIVIDUAL WHO DOES IN FACT HAVE REGULAR, MANAGERIAL, AND SUPERVISORY AUTHORITY OVER THE BUSINESS CONDUCTED ON THE LICENSED PREMISES. IN ADDITION, THE MANAGER SHALL BE AN AGENT FOR SERVICE FOR THE CORPORATION IN ADDITION TO ALL OTHER METHODS ALLOWED FOR SERVING A CORPORATION BY THE LAWS OF GEORGIA.
8. **IDENTIFICATION:** INFORMATION REQUESTED CONCERNING RACE AND SEX IDENTIFICATION OF APPLICANTS, CORPORATIONS AND STOCKHOLDERS ARE FOR INVESTIGATIVE PURPOSES ONLY.
9. **CRIMINAL HISTORY CONSENT FORMS:** GEORGIA CRIME INFORMATION CENTER COUNCIL (GCIC) RULES REQUIRE THAT THE ENCLOSED CONSENT FORM BE COMPLETED, SIGNED AND NOTARIZED " PRIOR TO ANY INFORMATION BEING ACCESSED FOR RELEASE OF CRIMINAL HISTORY INVESTIGATIONS BY THE WALTON COUNTY PROBATE COURT IN REFERENCE TO YOUR APPLICATION. THIS INFORMATION IS AVAILABLE IN CHAPTER 140-2-04 RULES OF THE GEORGIA CRIME INFORMATION CENTER COUNCIL PRACTICE AND PROCEDURE. A SEPARATE FORM MUST BE COMPLETED FOR WHOMEVER THE LICENSE IS ISSUED TO AND THE AGENT AND DESIGNATED MANAGER FOR INDIVIDUAL BUSINESS OR PARTNERSHIPS. CORPORATIONS SHOULD COMPLETE FORMS FOR OFFICERS AND THE AGENT AND THE DESIGNATED MANAGER. **HOWEVER, TAKE THE FORM BLANK TO THE WALTON COUNTY PROBATE COURT AND FILL IT OUT IN FRONT OF THE NOTARY.**

10. RESERVED

- 11. STATE AND FEDERAL REGULATIONS:** A STATE ALCOHOL LICENSE IS ALSO REQUIRED BEFORE ALCOHOL CAN BE SOLD. PLEASE CONTACT THE GEORGIA DEPARTMENT OF REVENUE FOR THEIR REQUIREMENTS, FEES, AND APPLICATION: GA DEPARTMENT OF REVENUE, REGISTRATION, P O BOX 740001, ATLANTA, GA 30374-0001. PHONE (404) 651-8651 OR (404) 417-4490.

CONTACT THE FEDERAL ALCOHOL, TOBACCO, AND FIREARMS LICENSING DEPARTMENT FOR THEIR REQUIREMENTS. FEDERAL ATF, LICENSING DEPARTMENT, 2600 CENTURY CENTER PARKWAY, ATLANTA, GA. 30345. PHONE (404) 679-5040 OR (404) 679-5130.

- 12. STATE LICENSE:** A STATE ALCOHOLIC BEVERAGE LICENSE MUST BE OBTAINED BY THE APPLICANT IN ORDER FOR THE LICENSE ISSUED BY CITY OF LOGANVILLE TO BE VALID. FAILURE OF THE LICENSEE TO OBTAIN A STATE LICENSE BEFORE BEGINNING OPERATION OF THE PREMISES SHALL BE AN AUTOMATIC FORFEITURE AND CANCELLATION OF THE LICENSE ISSUED BY THE CITY OF LOGANVILLE, AND NO REFUND OF LICENSE FEES SHALL BE MADE TO THE LICENSEE. IF A STATE ALCOHOLIC BEVERAGE LICENSE IS REVOKED BY THE STATE, THEN THE LICENSE ISSUED BY THE CITY OF LOGANVILLE SHALL AUTOMATICALLY BE REVOKED AND VOID EFFECTIVE AS OF THE DATE OF SUCH REVOCATION.
- 13. DRIVER'S LICENSE:** ATTACH COPY OF CURRENT DRIVER'S LICENSE OR STATE IDENTIFICATION CARD FOR ALL INDIVIDUALS APPLYING.
- 14. LEGAL ALIEN CARD:** ATTACH COPY OF LEGAL ALIEN CARD (IF APPLICABLE) FOR ALL INDIVIDUALS APPLYING.
- 15. OWNERSHIP/LEASE:** ATTACH EVIDENCE OF OWNERSHIP. IF APPLICANT IS LEASING THE BUILDING OR PROPERTY, A COPY OF THE LEASE.
- 16. EXCISE TAX-REPORTING FORM:** TO BE SUBMITTED MONTHLY.
- 17. INCORPORATION:** SUBMIT CERTIFICATE OF INCORPORATION IF A CORPORATION.
- 18. PROJECTED GROSS SALES:** COMPLETE FORM PROVIDED FOR PROJECTED GROSS SALES.
- 19. DESCRIPTION:** A DESCRIPTION OF THE BUSINESS OPERATION, ITS LOCATION AND FACILITIES MUST BE ATTACHED.
- 20. PREMISE AND STRUCTURE CERTIFICATION / BLUEPRINT:** PREMISE AND STRUCTURE FORM ENCLOSED MUST BE COMPLETED WITH THE ADDITIONAL REQUIRED INFORMATION ATTACHED. A BLUEPRINT OR SCALE DRAWING OF THE BUSINESS FACILITIES MUST BE ATTACHED TO THE DETAILED BUSINESS DESCRIPTION.
- 20. OATH:** WHEN COMPLETED, THE APPLICATION MUST BE DATED, SIGNED, AND VERIFIED UNDER OATH.
- 21. APPLICATION RETURN AND INFORMATION:**

ALLOW A THIRTY (30) DAY PERIOD FOR APPLICATION PROCESSING.

CONTACT THIS OFFICE FOR ADDITIONAL INFORMATION OR FOR FURTHER ASSISTANCE NEEDED CONCERNING THIS APPLICATION AND RETURN THE APPLICATION FOR ALCOHOLIC BEVERAGES TO:

LOCATION ADDRESS:
CITY OF LOGANVILLE
ATTN: OCCUPATIONAL TAX CLERK
4385 PECAN STREET
LOGANVILLE, GA 30052

MAILING ADDRESS:
CITY OF LOGANVILLE
ATTN: OCCUPATIONAL TAX CLERK
P.O. BOX 39
LOGANVILLE, GA 30052

TELEPHONE NUMBER: (770) 466-2633

FAX NUMBER: (770) 554-5556

PLEASE CONTACT THE OCCUPATIONAL TAX CLERK FOR ASSISTANCE OR APPOINTMENT.

**APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
CITY OF LOGANVILLE, GEORGIA**

The undersigned applicant hereby applies to the City of Loganville, Georgia for a license to sell alcoholic beverages in the City of Loganville. A non-refundable two-hundred dollar (\$200.00) fee payable to the City of Loganville must be tendered with the application.

1. **BUSINESS TRADE NAME:** _____

2. **APPLICANT'S NAME:** _____
(Name of owner individual, partnership, or corporation)

3. **BUSINESS LOCATION ADDRESS:** _____

CITY: _____ STATE: _____ ZIP CODE: _____

4. **BUSINESS MAILING ADDRESS:** _____

CITY: _____ STATE: _____ ZIP CODE: _____

5. **LOCAL TELEPHONE NUMBER:** (_____) _____

HOME OFFICE TELEPHONE NUMBER: (_____) _____

6. **CONTACT NAME (REGISTERED AGENT) FOR BUSINESS:** _____

HOME TELEPHONE NUMBER FOR CONTACT PERSON: _____
(Complete attached Registered Agent Form)

7. **NAME OF MANAGER:** _____
(Person responsible for Alcohol Licensing issues)

HOME TELEPHONE NUMBER FOR MANAGER _____

HOME ADDRESS OF MANAGER: _____
(Street, Road, RFD No., If P. O. Box, include street address)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

10. **TYPE OF BUSINESS: (CHECK ONE)** () Individual () Corporation () Partnership () LLC

(COMPLETE EITHER NUMBERS 11, 12 AND 13, AND/OR 14-16 IN THE SECTION BELOW)

11. **IF APPLICANT IS AN INDIVIDUAL:** Attach copy of trade name affidavit.

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

12. **IF APPLICANT IS A PARTNERSHIP OR LLC:** Attach trade name affidavit, if LLC, attach a copy of certificate of LLC as filed with the Clerk of Superior Court and trade name affidavit.

NAME AND ADDRESS OF PARTNERSHIP OR LLC: _____

13. **PARTNERS:**

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

CORPORATION-STOCKHOLDERS: All corporate applicants who are corporations shall list the names and address of all stockholders and the percentage of stock owned by each; however, including only those stockholders owning 20 percent or more of the corporation's stock. If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation. If, during the life of the license, the identity of the stockholders or their percentage of ownership should change, that information shall be sent to the office of City Clerk.

14. **IF APPLICANT IS A CORPORATION:** Attach a copy of the articles of incorporation, trade name affidavit, and current annual corporation registration with the GA Secretary of State.

NAME OF CORPORATION: _____
(Name shown exactly as in Articles of Incorporation or Charter)

HOME OFFICE: _____

MAIL ADDRESS IF DIFFERENT: _____

DATE OF INCORPORATION: _____

PLACE OF INCORPORATION: _____

15. **OFFICERS:**

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

16. **STOCKHOLDERS** (If Different from Officer Names)

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTH DATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

.....

17. **TRUSTEES:**

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: _____ SEX: _____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

% STOCK OWNED: _____ OFFICE HELD: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

18. **IF APPLICANT IS A PRIVATE CLUB:**

Bona fide private club means any nonprofit association organized under the laws of this State which:

1. *Has been in existence at least one year prior to the filing of its application for a license to be issued pursuant to this Article;*
2. *Has at least 75 regular dues-paying members;*
3. *Owns, hires, or leases a building or space within a building for the reasonable use of its members, which building or space:*
 - a. *Has suitable kitchen and dining room space and equipment; and*
 - b. *Is staffed with a sufficient number of employees for cooking, preparing, and serving meals for its members and guests; and*
4. *Has no member, officer, agent, or employee directly or indirectly receiving, in the form of salary or other compensation, any profits from the sale of alcoholic beverages beyond a fixed salary.*

(A) DATE OF ORGANIZATION UNDER THE LAWS OF THE STATE OF GEORGIA: ____/____/____

(B) STATE THE TOTAL NUMBER OF REGULAR DUES PAYING MEMBERS: _____

(C) IS ANY MEMBER, OFFICER, AGENT, OR EMPLOYEE COMPENSATED DIRECTLY OR INDIRECTLY FROM THE PROFITS OF THE SALE OF ALCOHOLIC BEVERAGES BEYOND A FIXED SALARY AS ESTABLISHED BY IT'S MEMBERS AT ANY ANNUAL MEETING OR BY IT'S GOVERNING BOARD OUR OF THE GENERAL REVENUE OF THE CLUB? YES _____ NO _____ (EXPLAIN)

(D) ATTACH MINUTES OF ANNUAL MEETING SETTING SALARIES FOR MEMBERS, OFFICERS, AGENTS, OR EMPLOYEES.

19. If there is any above individual or officer, who has resided at his current address less than ten (10) years, complete the information below:

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

20. State name and address of owner of the property (Land and Building) where the business will be located.

21. Is the commercial space where the business is to be located rented or leased?

Answer: YES _____ NO _____ If yes, state name of lessor or landlord and address and attach a copy of lease.

22. Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venturer; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firm, company, corporation, or other.

Answer: YES _____ NO _____ If yes, give name of person or firm and address and amount of percentage of profits and receipts to be split.

23. Is there anyone connected with this business that is not a legal resident of the United States and at least eighteen (18) years of age?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

If anyone connected with this business is not a U.S. Citizen, can they legally be employed in the United States?

Answer: YES _____ NO _____ If yes, explain on a separate sheet and submit copies of eligibility.

24. Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from the City of Loganville or other City or County in the State of Georgia, or other state or political subdivision and been denied such?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

25. Is there any one connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Answer: YES _____ NO _____ If yes, give full details on separate sheet

26. Is there anyone connected with this business that has been convicted within ten years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred?

Answer: YES _____ NO _____ If yes, give full details on separate sheet, including dates, charges and disposition.

27. Is there anyone connected with this business that has been convicted within ten years immediately prior to the filing of this application of the violation (i) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; (ii) of a crime involving moral turpitude; or (iii) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor serious traffic offense?

Answer: YES _____ NO _____ If yes, give full details on separate sheet, including dates, charges and disposition.

28. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) year period?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

29. Is there anyone connected with this business that is an official or public employee of the City of Loganville, any County, any State or Federal Agency and whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

30. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in criminal activities.

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

31. Have you ever been arrested, or held by federal, state, local, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances?

Answer: YES _____ NO _____ If yes, give full details on separate sheet. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

32. List below four references (personal and business). Give complete address and phone number including area code. If giving a business reference, name a person at that located to be contacted. Do not include relatives or employers, or fellow employees of particular business.

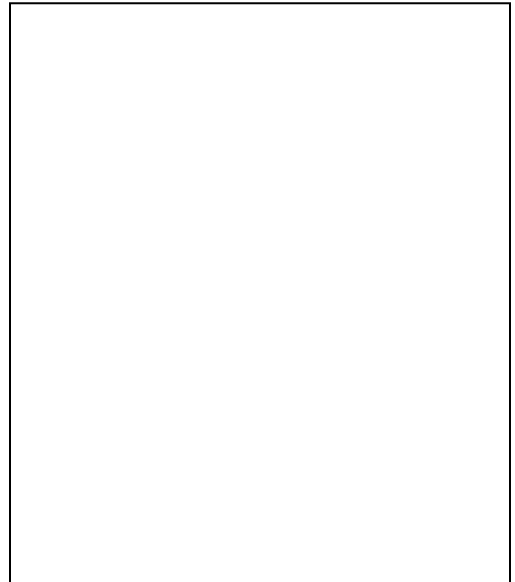
	Name	Address	Phone No.	Personal/Business
1.	_____			
2.	_____			
3.	_____			
4.	_____			

33. Have you had any license under the regulatory powers of the City of Loganville denied, suspended, or revoked within two (2) years prior to completing this application?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

34. Attach photograph (front view) taken within last year.

Date of picture: _____



Please note: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverage in the City of Loganville, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

Print Full Name As Signed Below

Signature of Applicant

Title

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20____

NOTARY PUBLIC (SEAL)

.....

PROJECTED GROSS SALES

APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

PROJECTED FOOD SALES:

Preceding calendar year _____ Food Sales: \$ _____

Current calendar year _____ Projected Food Sales: \$ _____

PROJECTED ALCOHOL SALES (MALT BEVERAGE – BEER) SALES:

Preceding calendar year _____ MB/Beer Sales: \$ _____

Current calendar year _____ Projected MB/Beer Sales: \$ _____

PROJECTED ALCOHOL (WINE) SALES:

Preceding calendar year _____ Wine Sales: \$ _____

Current calendar year _____ Projected Wine Sales: \$ _____

PROJECTED ALCOHOL (DISTILLED SPIRITS – LIQUOR) SALES:

Preceding calendar year _____ DS/Liquor Sales: \$ _____

Current calendar year _____ Projected DS/Liquor Sales: \$ _____

Signature of Applicant

Title

Date

REGISTERED AGENT CONSENT FORM

BUSINESS NAME: _____

LOCATION ADDRESS:

I, _____, do hereby consent to serve as the Registered Agent for the license, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Loganville. I understand the basic purpose is to have and continuously maintain in the City of Loganville a registered agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

This _____ day of _____, 20_____.

Signature of Agent _____

Typed/Printed Name of Agent _____

Typed/Printed Agent's Home Address _____

Typed/Printed City, County, State, and Zip Code _____

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC

APPROVED:

Sole Owner/Partner

Officer or Director

Title

CERTIFIED REPORT OF SURVEY FOR ALCHOLIC BEVERAGE LICENSE

BUSINESS NAME: _____

APPLICANT NAME: _____

BUSINESS ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirement pursuant to the Alcoholic Beverage Ordinance of the City of Loganville. The undersigned understands and applied the following criteria in making said determinations:

1. For retail consumption dealers, the licensee's premises cannot be located:
 - a. In or within 100 yards of any church grounds;
 - b. In or within 50 yards of any structure used as a residence at the time of application;
 - c. In or within 100 yards of the property line of the tract of land on which a school building, school grounds, or college campus is located; or
 - d. In or within 100 yards of any public library that is on the same side of the street as the proposed location
2. For retail dealer and/or wholesale dealer, the licensee's premises cannot be located:
 - a. In or within 200 yards of any church grounds;
 - b. In or within 200 yards of any structure used as a residence at the time of application;
 - c. In or within 200 yards of the property line of the tract of land on which a school building, school grounds, or college campus is located; or
 - d. In or within 100 yards of any public library that is on the same side of the street as the proposed location
3. For bona fide private club, the licensee's premises cannot be located:
 - a. In or within 100 yards of any church grounds;
 - b. In or within 100 yards of any structure used as a residence at the time of application;
 - c. In or within 200 yards of the property line of the tract of land on which a school building, school grounds, or college campus is located; or
 - d. In or within 100 yards of any public library that is on the same side of the street as the proposed location

(b) No person shall sell alcohol, distilled spirits, wine or malt beverages in or within 100 yards of any alcoholic treatment center owned and operated by the State or any county or municipal government therein.

(c) With the exception of measuring distances to schools which shall be measure from the property line of the tract of land on which a school building, school grounds, or college campus is located to the front door of the building, or to the nearest portion of the grounds, whichever is applicable, all other distances shall be measured in the following manner:

1. From the front door of the structure or partial building unit from which beverage alcohol is sold or offered for sale; thence,
2. In a straight line, regardless of obstructions, to the nearest public sidewalk, walkway, street, road or highway; thence,
3. Along such public sidewalk, walkway, street, road or highway by the nearest route;
4. To the front door of the building, or to the nearest portion of the grounds, whichever is applicable?

(d) For the purposes of this Section, the term "non-accessory structure" shall mean any structure located on the school ground, college campus, residential lot, library or alcoholic treatment center which would not be considered an accessory use under the appropriate interpretations of the City zoning ordinance.

(e) Notwithstanding anything to the contrary herein, no church that becomes located near or expands into the vicinity of a licensee under this Article shall be entitled to object to the location of a licensee and no license shall be denied because it is within the prohibited footage as set forth above. In addition, no license shall be denied because the location is within the prohibited footage of a temporary church.

State law references: Sale of alcoholic beverages near churches, schools or college campus, O.C.G.A. § 3-3-21.

Zoning district: No license shall be issued under this Article unless the applicant's place of business is located in an area of the City that is zoned commercial as designated by the City's zoning ordinance.

_____ yards to the nearest residence. Provide Name and Location Below:

_____ yards to the nearest school. Provide Name and Location Below:

_____ yards to the nearest House of Worship/Church. Provide Name and Location Below:

_____ yards to the nearest Library. Provide Name and Location Below:

_____ yards to the nearest alcoholic treatment center. Provide Name and Location Below:

REGISTERED LAND SURVEYOR / ENGINEER CERTIFICATION:

In my opinion, the distances listed above are true and correct.

Georgia Registered Land Surveyor/Engineer

Number

Seal

PREMISE AND STRUCTURE CERTIFICATION

INSTRUCTIONS: THIS CERTIFICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

1. **TYPE OF BUSINESS:**

<input type="checkbox"/> Bona Fide Eating Establishment/Restaurant	<input type="checkbox"/> Super Market/Grocery Store
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Hotel / Motel
<input type="checkbox"/> Bona Fide Private Club	
<input type="checkbox"/> OTHER (Please Describe): _____	

2. **TRADE NAME OF BUSINESS:** _____

LOCATION: _____

Street Number		Street Name	
City	State	Zip Code	Telephone Number
District	Land Lot	Parcel Number	Fax Number

3. Is this location within a commercial zoning district? ☐ Yes ☐ No

4. Does the completed building or the proposed building comply with:

a. The Ordinances of the City of Loganville:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. County health regulations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Regulations of the State Revenue Commissioner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Laws of the State of Georgia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no, explain non-compliance and proposed methods to rectify it: _____

5. (a) Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building? ☐ Yes ☐ No

- (b) Is the building illuminated so that all hallways, passageways and open areas may be clearly seen by the customer therein? _____ Yes _____ No

If the answer is "no" to either or both 5a and 5b, please explain proposed methods to rectify the insufficient lighting: _____

6. **FOR ALL ESTABLISHMENTS APPLYING FOR ON-PREMISE CONSUMPTION:**

- (a) Number of square feet of total floor area: _____
- (b) Number of square feet devoted to dining area: _____
- (c) Total seating capacity (excluding bar area): _____
- (d) Do you have a full service kitchen: _____ Yes _____ No If yes, indicate whether the full service kitchen contains a three (3) compartment sink: _____ Yes _____ No Is stove and/or grill permanently installed and approved by the health and fire department _____ Yes _____ No Is refrigerator approved by the health and fire department _____ Yes _____ No If the answer to any of the immediate foregoing is "no", please explain: _____

- (e) State hours prepared meals or foods are served: _____ (Breakfast), _____ (Lunch) and _____ (Dinner)
- (f) State hours of operation: _____
- (g) State maximum number of employees on highest shift: _____
- (h) State total number of parking spaces: _____
- (i) State number of parking spaces devoted to handicapped: _____

7. **ADDITIONAL INFORMATION FOR HOTEL/MOTEL ONLY:**

- (a) State number of rooms available for hire to general public: _____
- (b) State number of square feet of floor space devoted to Restaurant: _____
- (c) State number of square feet of floor space devoted to Dining Area: _____

8. **FOR SUPER MARKET / CONVENIENCE STORE ONLY:**

- (a) State number of total square feet of floor area: _____
- (b) State number of square feet of floor area devoted to the sale of groceries/food products: _____
- (c) Is the establishment devoted principally to the retail sales of groceries and food products: ___ Yes ___ No If no, explain: _____

9. **ADDITIONAL REQUIRED INFORMATION FOR ALL ESTABLISHMENTS (must accompany certification):**

- a. Attach a certified scale drawing of the proposed premises by a Registered Land Surveyor or Professional Engineer, showing the distance requirement from house of worship, school, residence and/or other facilities in accordance with the City of Loganville Alcoholic Beverage Ordinance;
- b. Attach evidence of ownership of the building or proposed building or a copy of the lease, if the Applicant is leasing the building and/or property;
- c. If the Applicant is a franchise, attach a copy of the franchise agreement or contract;
- d. If bona fide eating establishment, attach a copy of the menu(s); and
- e. If the building is proposed, attach copies of proposed site plan and specifications, and approved building permit.

PLEASE NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, _____ COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING STATEMENT IS TRUE AND CORRECT.

Applicant's Printed Name

Applicant's Signature

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This _____ day of _____, 20____.

Notary Public Signature / Seal



4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

Affidavit Verifying Residency Status of an Applicant Required by the Georgia Security and Immigration Compliance Act

By executing this affidavit under oath, as an application for a City of Loganville Occupation Certificate or other benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a City of Loganville Occupational Certificate.

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

*Alien registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS
_____ DAY OF _____, 20____.

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.

.....
PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back).

- | | |
|---|--|
| <input type="checkbox"/> I-327 (Reentry Permit) | <input type="checkbox"/> Machine Readable Immigrant Visa |
| <input type="checkbox"/> I-551 (Permanent Resident Card) | <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94) |
| <input type="checkbox"/> I-571 (Refugee Travel Document) | <input type="checkbox"/> I-94 (Arrival/Departure Record) |
| <input type="checkbox"/> I-688 (Temporary Resident Card) | <input type="checkbox"/> Unexpired Foreign Passport |
| <input type="checkbox"/> I-688A (Employment Authorization Card) | <input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) |
| <input type="checkbox"/> I-688B (Employment Authorization Document) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange (J-1) Status) |
| <input type="checkbox"/> I-766 (Employment Authorization Card) | <input type="checkbox"/> Other (Use Document Description) |
| <input type="checkbox"/> Certificate of Citizenship | |
| <input type="checkbox"/> Naturalization Certificate | |

Applying on Behalf of/Name of Associated Business

**Consent Form
City of Loganville
Alcoholic Beverage License Applicant
Criminal History Report (Fingerprinting)**

I hereby authorize the Walton County Probate Court and City of Loganville to receive any criminal record information pertaining to me/applicant, which may be in the files of any state or local criminal justice agency in the State of Georgia.

Full Name: _____

Street Address: _____

City / State/ Zip Code: _____

Sex: _____ Race: _____ Date of Birth: _____ Social Security #: _____

Print Name: _____ Signature: _____

Notary Public: _____ Date: _____

SEAL

NOTE

Please attach a photocopy of the applicant's driver's license or photo id.

- Probate Court requires a \$50.00 fee for all fingerprints.
- This is to be paid in cash or money order.
- This fee is non-refundable.

Please forward Information to
City of Loganville
Business License Clerk
PO Box 39
Loganville, GA 30052
Phone # 770-466-2633 Fax # 770-554-5556